

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000013143 (0)

1. Corporation Name

COASTAL REPROGRAPHICS, INC.



Principal Place of Business

8081 PHILLIPS HIGHWAY  
SUITE #21  
JACKSONVILLE FL 32256

Mailing Address

8081 PHILLIPS HIGHWAY  
SUITE #21  
JACKSONVILLE FL 32256

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

KORMAN, MARTHA  
8081 PHILLIPS HIGHWAY  
SUITE #21  
JACKSONVILLE FL 32256

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

02/06/1995

4. FEI Number

59-3224651

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☐ No ☐

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicant

Signature, typed or printed name of registered agent and the applicant

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PSTD  
KORMAN, MARTHA  
8081 PHILLIPS HIGHWAY, #21  
JACKSONVILLE FL 32256

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

VPD  
WILLIAMS, GREG  
5850 - A WEST CYPRESS STREET  
TAMPA FL 33607

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D  
ZAVACA, RODRIQUES C  
5850-A WEST CYPRESS STREET  
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2 1996

Digitized by...

CR2E034 (12/95)